

**NEVADA DIVISION OF ENVIRONMENTAL PROTECTION**  
**BUREAU OF SAFE DRINKING WATER**

901 S. STEWART STREET, SUITE 4001  
CARSON CITY, NV 89701  
PHONE: 775-687-9520; FAX: 775-687-5699

2030 E. FLAMINGO RD. STE.230  
LAS VEGAS, NV 89119  
PHONE: 702-486-2850 x 254; FAX: 702-486-2863

**APPLICATION FOR APPROVAL OF A WATER PROJECT**

<b>PWS Name:</b>	<b>PWS Phone #:</b>
<b>PWS Number:</b>	<b>PWS Fax #:</b>
<b>PWS Address:</b>	<b>PWS Emergency Phone #:</b>
	<b>PWS Email:</b>

<b>PWS Contact Name:</b>	<b>PWS Contact Phone #:</b>
<b>PWS Contact Email:</b>	<b>PWS Contact Fax #:</b>
<b>PWS Contact Address:</b>	<b>PWS Contact Emergency Phone(s) #:</b>

<b>Submitting Engineer Name:</b>	<b>Engineer Phone #:</b>
<b>Engineer Email:</b>	<b>Engineer Fax #:</b>
<b>Engineer Firm Address:</b>	<b>Engineer Emergency Phone(s) #:</b>

Date of application submittal:

County in which the water project is located:

Are two copies of wet stamped plans and specifications submitted with this application? ☐ Yes ☐ No

Is the appropriate review fee attached? ☐ Yes ☐ No

(fee schedule located at <http://ndep.nv.gov/bsdw/docs/fee04.pdf>)

Brief Description and Purpose of  
the Project:

Estimated Construction Begin Date:

Estimated Construction Completion Date:

**Complete the following with assistance from the public water system.**

Public Water System Type: ☐Community ☐NTNC ☐TNC  
PWS Ownership Type: ☐Public ☐Private ☐Homeowner ☐Federal ☐GID ☐Other:

Population Served:	# of Service Connections:	# of Metered Connections:

Are any of the above parameters changing due to this project? ☐Yes ☐No

If yes, describe the changes:

Provide a flow diagram from source through treatment to the distribution system. Is it attached? ☐Yes

**EXISTING PUBLIC WATER SYSTEMS**

Is the proposed project an expansion or modification of an existing water system? ☐Yes ☐No  
Is the proposed project to re-activate a public water system? ☐Yes ☐No  
Is this project for a water system that is regulated by the PUC? ☐Yes ☐No

**Please refer to the following NAC 445A sections for specific regulatory requirements regarding public water system design and operation. Verify that all components are addressed and meet the minimum requirements of NAC 445A.**

**CHECK ALL THAT APPLY TO THIS PROJECT.**

**Public Water Systems**

- |   |   |
|---|---|
| <input type="checkbox"/> Water Quality<br>( <a href="#">NAC 445A.450 to .492</a> )            | <input type="checkbox"/> Operation Community or Non-transient Water System<br>( <a href="#">NAC 445A.591 to .5926</a> ) |
| <input type="checkbox"/> Surface Water Treatment<br>( <a href="#">NAC 445A.495 to .540</a> )  | <input type="checkbox"/> Permits to Operate Privately Owned Systems<br>( <a href="#">NAC 445A.595 to .614</a> )         |
| <input type="checkbox"/> Groundwater Treatment<br>( <a href="#">NAC 445A.54022 to .5405</a> ) | <input type="checkbox"/> Certification of Operators<br>( <a href="#">NAC 445A.617 to .652</a> )                         |
| <input type="checkbox"/> PER-Groundwater Treatment<br>( <a href="#">NAC 445A.54026</a> )      |   |

**Design, Construction, Operation & Maintenance**

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Response Plan<br>( <a href="#">NAC 445A.66665</a> )                    | <input type="checkbox"/> Pumping Facilities<br>( <a href="#">NAC 445A.66965 to .6706</a> )              |
| <input type="checkbox"/> O & M Manual<br>( <a href="#">NAC 445A.6667</a> )                                | <input type="checkbox"/> Storage Structures<br>( <a href="#">NAC 445A.67065 to .67095</a> )             |
| <input type="checkbox"/> Existing & new systems – Capacity<br>( <a href="#">NAC 445A.6672 to .66755</a> ) | <input type="checkbox"/> Distribution System<br>( <a href="#">NAC 445A.67105 to .67145</a> )            |
| <input type="checkbox"/> Treatment Facilities<br>( <a href="#">NAC 445A.6676 to .66815</a> )              | <input type="checkbox"/> Separation of Lines<br>( <a href="#">NAC 445A.6715 to .6718</a> )              |
| <input type="checkbox"/> Disinfection<br>( <a href="#">NAC 445A.66825 to .6685</a> )                      | <input type="checkbox"/> Cross-Connection Control Plan<br>( <a href="#">NAC 445A.67185</a> )            |
| <input type="checkbox"/> Water Wells<br>( <a href="#">NAC 445A.66855 to .6693</a> )                       | <input type="checkbox"/> Cross-Connections and Backflow<br>( <a href="#">NAC 445A.67185 to .67255</a> ) |
| <input type="checkbox"/> Springs<br>( <a href="#">NAC 445A.66935 to .6696</a> )                           | <input type="checkbox"/> Water Hauling<br>( <a href="#">NAC 445A.67275 to .6731</a> )                   |

**Include only information related to the new project below. Do not provide existing water system information unless it is pertinent to the new project. Leave sections that do not apply to the new project blank (or type "N/A").**

Groundwater well	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Groundwater Spring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surface Water Intake	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spring UDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchased Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System has water rights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source(s) master metered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Meets flood plain requirements? ☐ Yes ☐ No

Are all sources of potential pollution identified? ☐ Yes ☐ No

Are there any sources of contamination within 150 feet? ☐ Yes ☐ No

Meets all NAC requirements? ☐ Yes ☐ No  
Requires treatment to meet requirements? ☐ Yes ☐ No

Casing Depth (ft.):	Pump Type:
Casing Diameter (in):	Max. Production (gpm):
Sanitary Seal Depth (ft):	Source Design Capacity (gpm):
Emergency Power Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Daily Demand (gpm):
Describe Emergency Power:	Emergency Source Capacity (gpm):

Storage tank type and material:
Tank capacity (gallons):
Storage tank coating material:

Approved pipe material type:
Distribution main size(s):
Linear feet of pipe:
Distribution system pressure range(s):
Number of pressure zones:
Required Fire Flow – fill in below and also provide documentation from the local fire authority or State Fire Marshal For Carson City, Clark and Washoe Counties, required fire flow per the local fire authority: Hydrant (gpm) = Sprinkler System (gpm) = For All Other Counties, required fire flow per the State Fire Marshal: Hydrant (gpm) = Sprinkler System (gpm) =
Can the new main be sampled for coliform bacteria after disinfection every 1200 feet per AWWA Standard C651 requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

**Booster Pump Stations:**

Pump Type:	# of pumps:
Max. Production (gpm):	Source Design Capacity (gpm):
Describe Emergency Power:	

**Treatment:**

Contaminant(s) that require treatment:	
<input type="checkbox"/> Treating Groundwater	<input type="checkbox"/> Treating Surface Water
Unit Processes & Associated Chemical Addition:	
Flow Rate (gpd):	Flow Rate (gpm):
Design Capacity (gpd):	
A schematic of the treatment system is required. Is it attached? <input type="checkbox"/> Yes	
Describe the Process Flow from source to treatment to distribution:	

**Chlorination for system residual only:**

Type of disinfectant used:
NSF approved chemicals used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the system use continuous automatic disinfection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are the disinfection systems located?
Where are the chemicals stored?

**SCADA/Telemetry:**

Does the public water system utilize SCADA/Telemetry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which facilities are part of the SCADA/Telemetry system?

**Inter-Tie:**

Name of other system:	Anticipated date of inter-tie:
Reason for inter-tie (check all that apply): <input type="checkbox"/> Normal Operations <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency	
<input type="checkbox"/> Other, explain:	
Flow is: <input type="checkbox"/> one-way; Discuss direction and % of flow:	
<input type="checkbox"/> two-way; Discuss direction and % of flow:	
Is the inter-tie part of a regional water system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	

**Consolidation:**

Name of other system:	Anticipated date of consolidation:
Supplier of water:	

**Program to Assess Vulnerability, NAC 445A.6668, (optional):**

Was a completed vulnerability assessment submitted for all sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the document contain sufficient information to issue monitoring waivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of the potential contaminant sources within 3000 feet of the well/spring located on a 1:24,000 U.S.G.S. Quad Map (7.5-minute map)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Water Hauling:**

A water hauling plan is required. Is it attached? <input type="checkbox"/> Yes
Is this for an existing water hauler? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide water hauler permit number(s):
Public water system hauling from:
Public water system hauling to:

## **NEW PUBLIC WATER SYSTEMS**

(An overview of the requirements to becoming a public water system can be found at <http://ndep.nv.gov/bsdwnws.htm>)

Is the proposed project a new public water system? ☐ Yes ☐ No

If Yes, check type: ☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Is this project to permit a privately owned community (residential) system? ☐ Yes ☐ No

### **New Community Publicly Owned Public Water System must also submit the following:**

- ☐ Plan to Permit a Public Water System\*\*
- ☐ Plan for Restoration of Services in Emergency (draft version acceptable)
- ☐ Cross-Connection Control Plan (draft version acceptable)
- ☐ Manual of Operations and Maintenance (draft version acceptable)

### **New Community Privately Owned Public Water System must also submit the following:**

- ☐ Plan to Permit a Public Water System\*\*
- ☐ Plan to Permit a Privately Owned Public Water System\*\*
- ☐ Plan for Restoration of Services in Emergency (draft version acceptable)
- ☐ Cross-Connection Control Plan (draft version acceptable)
- ☐ Manual of Operations and Maintenance (draft version acceptable)

### **New Non-Transient Non-Community Public Water System must also submit the following:**

- ☐ Plan to Permit a Public Water System\*\*
- ☐ Plan for Restoration of Services in Emergency (draft version acceptable)
- ☐ Cross-Connection Control Plan (draft version acceptable)
- ☐ Manual of Operations and Maintenance (draft version acceptable)

### **New Transient Non-Community Public Water System must also submit the following:**

- ☐ Plan for Restoration of Services in Emergency (draft version acceptable)
- ☐ Cross-Connection Control Plan (draft version acceptable)
- ☐ Manual of Operations and Maintenance (draft version acceptable)

\*\* "Plan to Permit" forms are located at <http://ndep.nv.gov/bsdwnws.htm>.